

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1080
HOBBS, NEW MEXICO 88240

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

C. W. Trainer

3. ADDRESS OF OPERATOR

P. O. Box 763, Hobbs, NM 88241

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL & 1980' FEL of Sec. 25
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐
☐

LEASE

NM-0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McElvain

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

EK Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 25, T18S, R33E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-28997

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3883 KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Cemented 5 1/2" 20# N-80 casing at 10,000 with 310 sacks lite "C" with 6% D20 & 1160 sacks 50/50 pozmix H with 2% D20, 10% salt & 5% D60. Plug down 11:58 AM 11/23/84. Cement circulated to surface

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Monica Hall TITLE Agent DATE 12/11/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 14 1984

Carla

NEW MEXICO

*See Instructions on Reverse Side